

state institutions located in Berkeley. He advised that these institutions came under the health regulations of Berkeley just as any other institution or householder does, thus reversing the two former attorneys for the State Board of Health, who claimed that the local health officer had no jurisdiction. Armed with this opinion I insisted upon thirty days isolation in each case and I am pleased to say that after the enforcement of this rule there were no return cases.

In the light of this experience I shall continue to insist upon a minimum isolation of thirty days, for who amongst us has not seen the diphtheria bacillus live in the throat for many weeks after the clinical symptoms of diphtheria had disappeared and the patient was apparently in perfect health? And who amongst us would not have given the individual a clean bill of health? And yet, he would have been a carrier of the disease and a constant menace to the community, had it not been for the fact that we can determine by cultural methods the presence or absence of this infective agent, viz., diphtheria bacillus. Likewise, in scarlet fever in two weeks the symptoms clear up, the throat is macroscopically clean, but having no means of determining scientifically whether or not such is the case, in order that no carriers of scarlet fever escape we should insist upon a sufficiently long isolation period to thoroughly protect the community from such a contingency.

### RATING THE EFFICIENCY OF HOSPITALS AND INSTITUTIONS FOR THE TUBERCULOUS.\*

By BURT F. HOWARD, M. D., Director of Bureau of Tuberculosis, California State Board of Health, Sacramento.

One of the provisions of the new law creating a Department of Tuberculosis is that it shall be the duty of the director to inspect and investigate all institutions, both public and private, where tuberculous patients are treated. Also he shall prepare annually for each institution a report of its rating on sanitary construction, enforcement of sanitary measures, adequate provision for medical and nursing attendance, provision for proper food, etc.

There are certain advantages of such a classification which suggest themselves. First, it is a sort of "taking of stock," as it will give the department more accurate knowledge than is now available as to one essential portion of its equipment for tuberculosis control, viz., the location, capacity and efficiency of hospitals and sanatoria treating tuberculosis.

By the word efficiency we need not understand merely technical success, but also a certain fitness for the desired end. Assuming that we have in every part of the state hospitals and sanatoria which are hygienic as to construction and management, give good food and all that can be desired in the way of nursing and medical attendance, there may yet be ways in which they are not efficient with regard to the problem of tuber-

culosis as a whole, for example: patients may not go to these institutions in such numbers as to essentially modify the total number uncared for, or they may remain in them too short a time to accomplish a cure or to obtain any adequate educational benefit. Or they may stay in them during a comparatively harmless period of the disease and go to live with relatives during that stage when they are expectorating the largest number of bacteria and are themselves most helpless. The lack of efficiency in these respects may be due to high cost which prevents many from having the benefit of private sanatoria and shortens the stay of many others. It may be due to the fear of the publicity attached to sanatoria for tuberculosis, or rather, perhaps I should say a real phthisiophobia. Patients are often afraid of tuberculosis in other patients, afraid to be with them, and afraid to be seen with them because of the public opprobrium which attaches to the disease. Many also dread the sight of disease in others. Or, again, persons needing treatment may refuse to go to institutions because they will be too far removed from their friends and relatives, will miss various social opportunities and advantages, will be bored by a life of inactivity, or obliged to do work which they would not have to do at home.

Many patients will refuse to go to public institutions, especially those of the county, for various reasons, chief of which is the fear of pauperization, or the dislike they have for accepting charity. I have known of the same attitude toward the public school, but fortunately this is not a common idea in this country, and perhaps if the public hospitals for tuberculosis were developed in somewhat the same way as the public schools have been, there would cease to be the same objection to them. This would, perhaps, mean higher requirements for the hospitals for tuberculosis, at least in some particulars, just as the public school system has often increased the efficiency of private schools or village schools brought under the supervision of the state.

The objection on the ground of pauperization could be met by requiring that those who are able to do so pay a proportion of the cost. This plan already in practice in certain county hospitals will, to a certain extent, overcome this objection when it becomes generally known.

Once at the institution certain types become homesick, and so shorten their stay in spite of the fact that they are improving rapidly while others suffer so with nostalgia that this alone prevents recovery.

Thus we see that efficiency may depend upon cost to the patient, location and accessibility, attractiveness of construction and environment with various social factors including occupation and amusement for the patients. Even in a county or state institution offering care for a nominal rate or entirely free to the individual, there will still be the same questions to consider, and the spread of tuberculosis will be prevented only to the ex-

\* Read before the Fifth Annual Conference of State, County, and Municipal Health Officials, Venice, October 6 to 11, 1913.

tent that individuals can be induced to remain in these institutions a sufficient length of time.

After having made a careful study of existing institutions we will be in a position to make comparisons between the various kinds, as well as with the ideal which we are able to develop. This may well be of benefit both to the state and to the individual institution if the report given to the institution be accepted in the spirit in which it is offered and, no doubt, as it was intended by those who framed the law. Adverse criticism would fail in its object if it were to discourage a moderate beginning, even though it might be far from the ideal. It would be useless in the case of a flourishing institution if entirely ignored.

If the report of the rating which the law requires be adverse in some respects it may prove stimulating to the more desirable institutions and may be the means of bringing less desirable ones up to a proper standard. If there should be found, or there should ever develop within the state a class of unethical, money-making institutions, it is to be hoped that an adverse rating would lead to their elimination or a complete change in character.

Taking up the subject of technical rating, it has been proposed that the method used by health departments for the sanitary inspection of creameries, milk depots, dairies, etc., might serve as a model, and I have attempted to make such a score card not for actual use at present, as it does not seem to me entirely practicable under conditions as they exist, but as a means for getting in mind ideal conditions. I would be pleased if those present would discuss this plan for carrying out the provisions of the law.

After all has been said, it still must be evident that an institution worthy of the name of hospital, or sanatorium, cannot be adequately represented by figures on a score card. Someone has characterized an institution as being "the lengthened shadow of a man," which I suppose means that it is not the site, the buildings, the character of the food, nor even the skill of the medical and nursing staff which determine the essential value of an institution, but that this depends upon the actuating spirit, or perhaps the dominant idea, and that this spirit is almost always a reflection of the personality of the superintendent. However, the character of an institution, like that of an individual, is often more complex than could be implied in such a saying.

The dominant idea of the patients is a very practical and important subject for consideration. A very persistent and often easily answered question is, Do patients enter this institution with the hope and expectation of recovery, and do they maintain this idea through prolonged disappointment? Or do they enter leaving all hope behind, regarding the hospital, so to speak, as a place of last resort?

While the mental attitude of the patients depends partly upon that of the medical and nursing staff, it also depends upon the past record of the

institution or the kind of advertising it has received. It is the expression of the rating of a given hospital in the opinion of the public, and this is my reason for emphasizing this point. Without a good rating in public opinion no public hospital or private sanatorium can hope to be a factor in the problem of tuberculosis.

Another very regrettable phase of public opinion is the tendency to regard tuberculosis institutions as pest houses or public nuisances, the public being, as a rule, quite indifferent to the tuberculous individual until he enters an institution where, in fact, he learns how to protect the public. Then he, as well as the institution, is regarded with suspicion, to say the least. It is a part of our program to educate public opinion to a proper attitude toward institutional treatment of tuberculosis.

In attempting to standardize and idealize institutions which are to treat mainly those who cannot afford home treatment (at least, this is probably the case for the present and coming generation) we shall wish to bear in mind that while certain structural features are more or less essential to economy of administration and ideal sanitation, such as marble walls and tile floors, yet even these may cultivate an extravagance of taste which would tend to discourage later attempts at home sanitation under less favorable circumstances. Also, we will have to remember the class of patients for whom the institution is intended. It is not easy to properly compare those intended for incipient with those planned for advanced cases, and it is particularly desirable that these should be as distinct as possible. It would be well also to add another type, viz., an institution for convalescent cases.

In closing I would like to express the hope that your new department of tuberculosis will be able to accomplish the purpose for which it was created. At first it will be necessary to get at the facts more completely than has hitherto been done, especially to discover how many active cases of tuberculosis there are in the state and, so far as possible, to form an estimate of what proportion of these would be likely to enter institutions. The finding of these patients will require the co-operation of all physicians and health officers. The medical profession is not awake to the need of registration of tuberculous cases and many do not know that tuberculosis is legally a reportable disease. We must look largely to the local health officer to bring about the registration of every case of open tuberculosis of the lungs.

When the state has a register of tuberculous cases it will be in a position to protect the county hospitals against non-residents. The care of non-residents or provision for their deportation and the prevention of pauper immigration from other states are the peculiar problems of the state as distinguished from the county.

While these measures are being worked out, there are two other natural steps in the solution of the problem which I hope to be able to encourage. One is the tendency, already referred to, for county hospitals to give special accommodation to

tuberculous patients for a special charge, making all patients pay something if they can.

The other step is the tendency for private philanthropic dispensaries to gradually yield a portion of their financial burden to the city and the county. We cannot afford to be without the spirit of the philanthropic dispensary, and the men developed by it, but can we not have the same spirit, and perhaps the same men, in public dispensaries?

In making this suggestion I do not mean to imply that the time has come for doing away with private philanthropic dispensaries, and I do think that at present we need as many of both public and private dispensaries as we can get, but certainly the treatment of the tuberculous poor is a civic duty which cannot be adequately done by private charity.

### THE VENEREAL DISEASE PROBLEM.\*

By CHARLES R. BLAKE, M. D., Health Officer,  
Richmond.

In a discussion of venereal diseases, I believe that a proper control of prostitution is the proper weapon. Prostitution is the burning question of the day. The interest in this question is nationwide and you can scarcely find any intelligent person who has not been thinking about it and who is not seeking information and advice.

Investigation has shown us that the cost of immorality to the country constitutes an enormous waste of hundreds of millions of dollars, added to the combined totals of our appalling national liquor and tobacco bills. But investigation cannot reveal or even faintly suggest the human suffering, sorrow, misery, degradation, disappointed hopes and family tragedies that follow in its wake; it cannot sum up the wrecked lives of several millions of men, women or children, nor the enormous and increasing sterility, which alone is alarming from the standpoint of national conservation.

Proven statistics of the City of New York showed that one in every five persons was affected with some form of venereal disease. As a matter of fact, the exact figures are immaterial, for we could not appreciate the awfulness of the evil if it were only one-tenth of the amount, and this is all due to the public prostitute. We are also aware that houses of prostitution are everywhere associated with the utmost political corruption; that officers of the law, doctors and politicians as well as the liquor merchant, make enormous profits from the traffic.

We know that there exists a vast army of vile creatures, called pimps, panders and macks, the most degraded of all human beings, who enslave and then fatten on the life-blood of their helpless girl victims; girls who after a few short years of sexual debauchery, drunkenness and drug intoxication, are dumped on to the street to drop yet lower, to be gathered into the almshouses or the hospitals to die.

Now what are the causes of prostitution? First of all, prostitution does not spring from the nat-

ural proneness of women toward vice. The prostitute herself, however degraded she may become, is a product and not a cause of anything, except in so far as she transmits contagious diseases grafted on her person by men; nor is the despised pimp the cause of the prostitute, nor yet the madam, nor are the officers of the law who tolerate the houses and graft on the inmates. We draw nearer the true source when we discover that many girls are driven to a life of shame by the low wages paid in factories and department stores. The blame, the cause of all causes, lies wholly on the shoulders of an indifferent public, upon our churches and upon our ministers, whose age-long ignorance of the facts is but added proof of neglected opportunities and of guilt. The guilt springs from the complete separation and loss of community interests of rich and poor, from division of society into classes without mutual interests.

The causes lie in the injustice of our industrial conditions, in many of our sweatshops, in our stores and factories. They lie in housing conditions, by which we rob the poor of all privacy and make cleanliness impossible. In the tenements they cry in vain for air, for light, for water and for provisions for decency and privacy for attending the wants of the body. Consider the filthy streets, the small courts, and poor little tots driven to get exercise and play their games in our dirty, dusty asphalt streets in the absence of proper playgrounds; shall we follow them as they grow up but gravitate downward to the low amusements provided to harvest their nickels, to the saloons, the dancehalls and the Sunday parks outside the city and then on down to a life of crime or immorality?

Venereal diseases are forms of contagion. Their control is the natural next step for departments of health. They are the only forms of markedly contagious disease not now definitely proceeded against by health officers, for most health officers, not knowing what to do, shut their eyes and affect to ignore them. Let us also lay aside that old ghost, ever popping up and pretending to be lively and scaring a lot of uninformed and untutored people. The name of that ghost is "segregation." Every man who has read nothing but the papers and has spoken to a few of his friends, naturally thinks that segregation is just one clever and natural way to handle prostitution. But this plan has been tried for centuries and especially noted during the past century, and it has been clearly proven that it does not work and that by it all the worse evils of prostitution are fostered, propagated and fastened upon the community. Segregation does not segregate more than one in ten women. Even if it worked ideally in controlling the women, it has never even pretended to control the men who are the active agents in carrying the infection from house to house, and for this reason alone it is a logical folly. It is also inseparately bound up with graft and official corruption.

In 1912, the New York Health Department adopted rules about along the same lines as the Chicago ordinance of 1909. They began enforc-

\* Read before the Fifth Annual Conference of State, County, and Municipal Health Officials, Venice, October 6 to 11, 1913.